Health Agency Strategic Workgroup Update: Implementation of the Expanded Substance Use Disorder Benefit

The Substance Use Disorder (SUD) Benefit Expansion Strategic Workgroup has met a total of two times and will continue to meet two times per month. During these meetings, members reviewed and revised the initial goals and measures related to the implementation of the expanded SUD benefit. The workgroup has also discussed and initiated efforts to accomplish the goals of the strategic priority. Details of these efforts are listed below.

Strategic Priority: Maximize opportunities available under the recently approved Drug Medi-Cal (DMC) waiver to integrate SUD treatment services for both adults and youth into LA County's mental and physical health care delivery system.

Goal 1: Transition homeless and criminal justice-involved individuals receiving SUD residential treatment into appropriate Department housing programs as part of the SUD continuum of care.

Workgroup members have met with the Sober Living Network, a non-profit sober living organization, to discuss strategies for incorporating sober living programs as a SUD benefit.

Although sober living will not be reimbursable under the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, the workgroup will collaborate with the Department of Public Health, Substance Abuse Prevention and Control Division (DPH-SAPC) to include sober living as an optional benefit in its DMC-ODS waiver implementation plan.

Goal 2: Develop knowledge and skills of clinical staff to appropriately screen (including Screening, Brief Intervention, and Referral to Treatment [SBIRT]), assess, and refer substance use disorder patients to the appropriate level of care, based on the ASAM Criteria.

Workgroup members will develop a plan for expanding the use of SBIRT in County-operated clinics and hospitals.

Goal 3: Expand access to Medication-Assisted Treatments (MAT), such as buprenorphine and Vivitrol, by expanding the number of SUD, mental health, and physical health providers who have the knowledge, ability, and skillset to prescribe MAT in conjunction with appropriate psychosocial treatments.

The workgroup will review and revise a draft plan for expanding MAT services among SUD providers, mental health providers, and physical health providers.

Goal 4: Advocate with the State Legislature and the Department of Health Care Services (DHCS) to place all MAT approved by the Food and Drug Administration, including buprenorphine and Vivitrol, on the DMC formulary with appropriate formulary management procedures to facilitate the use of all MAT throughout Los Angeles County health systems.

The workgroup, in collaboration with LA Care, has lobbied to include Vivitrol on both the DMC and Short-Doyle Medi-Cal formularies. The workgroup will continue to monitor and contribute to the progress of the resulting State Plan Amendment that is being drafted by DHCS.

Goal 5: Increase the number of Departments' directly-operated and contracted providers that are DMC-certified.

Workgroup members have engaged in dialogue with mental health providers and Federally Qualified Health Care clinics about becoming DMC-certified and the required procedures to becoming DMC-certified. The workgroup plans to reach out to DHS clinics to begin discussions about the possibility of becoming DMC-certified.

The workgroup has also met with DPH-SAPC to discuss efforts to increase its DMC-certified provider network.

In the past 6 months, DPH-SAPC has contracted with 5 new DMC-certified providers, and is in the process of contracting with an additional 12 newly certified DMC providers.

DPH-SAPC has notified all of its providers that they must submit applications to become DMC-certified by July 2016.

DPH-SAPC has structured its Request for Statement Qualification (RFSQ) process to function in an open-continuous style. This method will allow DPH-SAPC to expand its provider network to a level that can accommodate for expanded DMC benefits made available through the waiver.